



NSP – Neighborhood Stabilization Program Homebuyer Application

SECTION I: APPLICANT INFORMATION

Applicant				Co-Applicant			
Name (Include Jr. or Sr. if applicable)				Name (Include Jr. or Sr. if applicable)			
Social Security Number	Home Phone (Incl. Area Code)	DOB <i>mm/dd/yy</i>	Education Level	Social Security Number	Home Phone (Incl. Area Code)	DOB <i>mm/dd/yy</i>	Education Level
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (Includes single, divorced, widowed)		Dependents (Not listed by Co-Applicant) No. Ages		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (Includes single, divorced, widowed)		Dependents (Not listed by Applicant #1) No. Ages	
Present Address (Street, City, State, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent ____ No. Yrs.				Present Address (Street, City, State, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent ____ No. Yrs.			
<i>If residing at present address for less than two years, complete the following:</i>							
Former Address (Street, City, State, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent ____ No. Yrs.				Former Address (Street, City, State, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent ____ No. Yrs.			

SECTION II: HOUSEHOLD INFORMATION

List all members of the household and give their relationship to the applicant.

Full Name	Date of Birth	Social Security Number	Relationship to Applicant	Gender	Race*	Hispanic (Y/N)
			Self			

(List additional household members on a supplementary sheet, if necessary.)

* Categories for race are: (1) White (2) Black/African American (3) Asian (4) American Indian/Alaskan Native
 (5) Hawaiian/Other Pacific Islander More than one may be used.

Are you expecting any changes to your household composition in the next 6 months? ☐ Yes ☐ No

If yes, please describe: _____

Are any household members Non U.S. citizens? ☐ Yes ☐ No Who? _____

Are any members of your household disabled? ☐ Yes ☐ No Who? _____

Are any household members full-time students? ☐ Yes ☐ No Who? _____

SECTION III: INCOME INFORMATION

Income and assets for all household members 18 years of age or older must be reported. Please provide the amount of income received and how often it is received. Documentation of all income and assets must be provided in the appropriate form, **e.g. pay stubs for last 30 days, award letters, financial statements, divorce decrees, etc.**

EMPLOYER

Applicant			Co-Applicant		
Name & Address of Employer <input type="checkbox"/> Self-Employed	Yrs./Mos. on this job	Yrs./Mos. employed in this line of work/profession	Name & Address of Employer <input type="checkbox"/> Self-Employed	Yrs./Mos. on this job	Yrs./Mos. employed in this line of work/profession
Position/Title/Type of Business	Business Phone (Incl. Area Code)		Position/Title/Type of Business	Business Phone (Incl. Area Code)	

Other Adult			Other Adult		
Name & Address of Employer <input type="checkbox"/> Self-Employed	Yrs./Mos. on this job	Yrs./Mos. employed in this line of work/profession	Name & Address of Employer <input type="checkbox"/> Self-Employed	Yrs./Mos. on this job	Yrs./Mos. employed in this line of work/profession
Position/Title/Type of Business	Business Phone (Incl. Area Code)		Position/Title/Type of Business	Business Phone (Incl. Area Code)	

(List additional adults within household on a supplementary sheet, if necessary.)

GROSS MONTHLY INCOME

Source of Income	Applicant	Co-Applicant	Other Adult	Other Adult	Total
Wages					
Overtime					
Tips, Bonuses, Commissions, etc.					
Self Employment					
Social Security, SSI, SSD					
Pensions, Disability, VA					
Workers Comp., Unemployment					
TANF, Food Stamps, General Assistance					
Child Support, Alimony					
Other (please specify)					
Total					

ASSETS

Source	Institution	Account No.	Owner(s)	Balance/Value
Checking				
Savings				
Investments				
401(k), IRA, Stocks, Bonds				
Whole Life Insurance				
Other (please specify)				
				Total

SECTION IV: ADDITIONAL REQUIREMENTS

Can you provide proof that you pre-qualify for a standard fixed-rate 15-30 year mortgage to purchase a home under the FHA, VA, or any other conventional mortgage program? ☐ Yes ☐ No

Have you successfully completed a HUD certified Homeownership Class offered by Penquis or another HUD-approved organization? ☐ Yes ☐ No

SECTION V: REQUIRED DOCUMENTATION

For all household members copies of each of the following items must be included with application, if applicable:

- State or federal issued identification for all adults within household; Permanent Resident Card (if applicable)
- Proof of income: pay stubs for the past 30 days
- Most recent benefit award letters for social security, veterans' benefits, unemployment
- Three months of recent statements for all bank accounts and assets
- Certificate of proof of completion from HUD Certified Homeownership Class (Applicant and Co-Applicant only)
- A letter from a financial institution showing pre-qualification for mortgage financing
- Copy of 2009 W-2 form
- If self-employed, two years previous W-2 forms
- Any court orders regarding child support or alimony

For all adult household members, the following original documents must also be completed, signed, and included with the application:

- Employment Verification Form for all current jobs (each employed adult household member)
- Financial Records Disclosure form (signed by only Applicant and Co-Applicant)

SECTION VI: HOUSEHOLD CERTIFICATION & SIGNATURES
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I/we understand that the program I/we are applying for is to assist income-qualified households become homeowners. The information on this form will be used to determine eligibility for the Neighborhood Stabilization Program (NSP). I/we have provided accurate information regarding family composition, income, and assets. I/we agree to notify the City of Bangor immediately if there are any changes in household composition or income.

SECTION 1001 OF TITLE 18, UNITED STATES CODE PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISTITION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS OR COVERS UP BY ANY TRICK, SCHEME, OR DEVICE A MATERIAL FACT, OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS, OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED UNDER THIS TITLE OR IMPRISONED NOT MORE THAN FIVE YEARS, OR BOTH."

NOTE TO APPLICANT: IF ANY INFORMATION ON THIS APPLICATION IS FOUND TO BE FALSE OR INCOMPELTE, SUCH FINDING, IN ADDITION TO POSSIBLE LIABILITY UNDER CIVIL AND CRIMINAL STATUS, MAY BE GROUNDS FOR DENIAL OF ELIGIBIITY FOR THE REQUESTRED PROGRAM AND MAY BE A BASIS FOR DEBARMENT FROM PARTICIAPTION IN ALL FEDERAL PROGRAMS UNDER 7 C.F.R. PART 3017

Date

X

Signature of Applicant

Date

X

Signature of Co-Applicant

NSP PROGRAM GUIDANCE

SECTION 3 CLAUSE

1. All contractors and subcontractors and the City itself when acting as a contractor shall be asked to indicate a good faith effort to meet the Section 3 requirement by signing contracts which contain the clause set forth in 24 CFR 135.20(b) as follows:
 - A. The work to be performed under this contract is on a project assisted under a program providing direct Federal financial assistance from the Department of Housing and Urban Development and is subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u. Section 3 requires that to the greatest extent feasible opportunities for training and employment be given lower income residents of the project area and contracts for work in connection with the project be awarded to business concerns which are located in, or owned in substantial part by persons residing in the area of the project.
 - B. The parties to this contract certify and agree that they are under no contractual or other disability which would prevent them from complying with these requirements.
 - C. The contractor will send to each labor organization or representative of workers with which he has a collective bargaining agreement or other contract or understanding, if any, a notice advising the said labor organization or workers' representative of his commitments under this Section 3 clause and shall post copies of the notice in conspicuous places available to employees and applicants for employment or training.
 - D. The contractor will include this Section 3 clause in every subcontract for work in connection with the project and will, at the direction of the application for or recipient of Federal financial assistance, take appropriate action pursuant to the contract upon a finding that the subcontractor is in violation of regulations issued by the Secretary of Housing and Urban Development 24 CFR Part 135. The Contractor will not subcontract with any subcontractor where it has notice of knowledge that the latter has been found in violation of regulations under 24 CFR Part 135 and will not let any subcontract unless the subcontractor has first provided it with a preliminary statement of ability to comply with the requirements of these regulations.
 - E. Compliance with the provisions of Section 3, the regulations set forth in 24 CFR Part 135, and all applicable rules and orders of the Department issued thereunder prior to the execution of the contract, shall be a condition of the Federal financial assistance provided to the project, binding upon the applicant or recipient for such assistance its successors, and assigns. Failure to fulfill these requirements shall subject the applicant or recipient, its contractors and subcontractors, its successors, and assigns to those sanctions specified by the grant or loan agreement or contract through which Federal Assistance is provided, and to such sanctions.

Date

X_____
Signature of Applicant

Date

X_____
Signature of Co-Applicant

To be Completed by City of Bangor Community & Economic Development Staff Only:

Application received on: _____

Application completed on: _____

Approved by: _____ Date: _____